

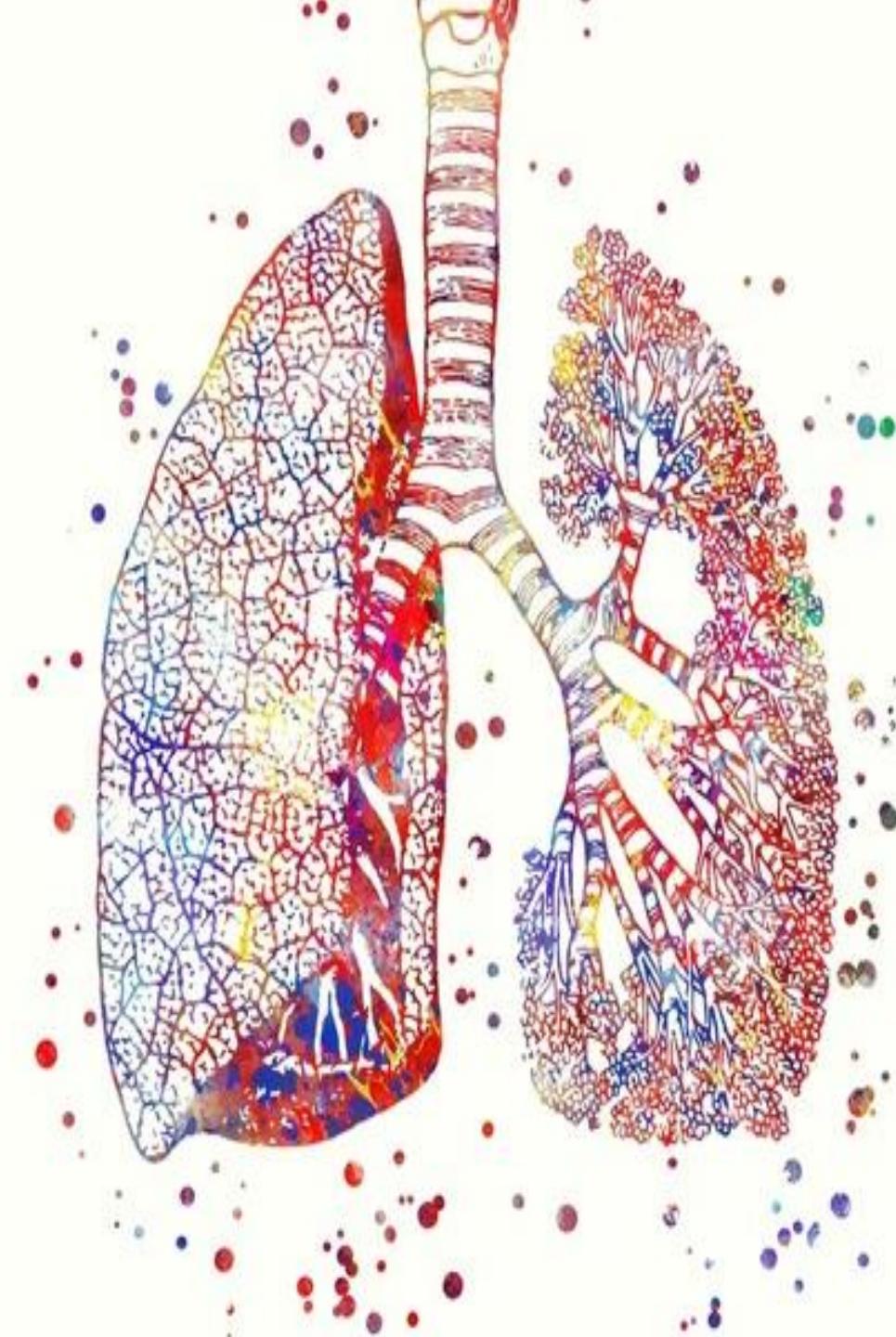
# ASPERGILOSIS Y SARCOMA DE PULMÓN

UNA RELACIÓN POCO  
COMÚN

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Médico residente H.R.R.H



## FICHA CLÍNICA



ASN



70 AÑOS



FEMENINA



AMA DE CASA



CREDIBILIDAD: REGULAR



FECHA DE INGRESO: 18-7-22

## MOTIVO DE CONSULTA

“ME FALTA EL AIRE Y TOS”

# ENFERMEDAD ACTUAL

- Paciente acude con cuadro de disnea progresiva de moderados a mínimos esfuerzos, durante los últimos 5 meses (mMRC:3)
- Acude a cuarto de urgencias por tos productiva, exacerbación de la disnea.
- Niega fiebre, pérdida de peso, ortopnea, disnea paroxística nocturna, hemoptisis.

# ANTECEDENTES

## ENFERMERDADES

- EPOC por historia
- Falla cardíaca

- Diabetes Mellitus

## MEDICAMENTOS

- Metformina
- Sacubitril Valsartán

- Carvedilol

- Formoterol
- Tiotropio

## ALERGIAS

- Negados

# ANTECEDENTES

CIRUGÍAS: COLECISTECTOMÍA

TABAQUISMO: IPA 10

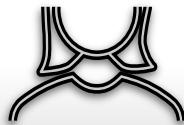
BIOMASA

MADRE: HTA, PADRE: TABAQUISMO

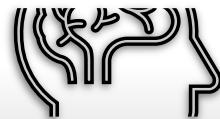
# EXAMÉN FÍSICO



PA: 130/80mHg FC:80 lpm FR: 26rpm T: 36.8 °C



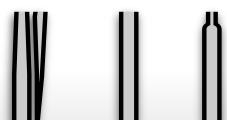
Alerta , Glasgow 15/15



Normocéfala, cabello quebradizo



Pupilas Isocóricas, no ptosis palpebral, conjuntivas pálidas

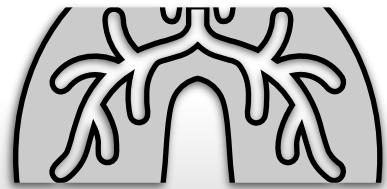


Mucosa oral seca y pálida

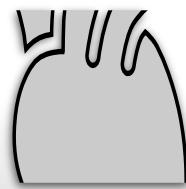
# EXAMÉN FÍSICO



Adenopatía cervical, 2 cm, móvil no dolorosa, triángulo posterior. No estridor laríngeo.



Simétrico, sibilancias bilaterales y roncus bilaterales.



Ruidos rítmicos, no soplos.



Extremidades sin edema

# LABORATORIOS

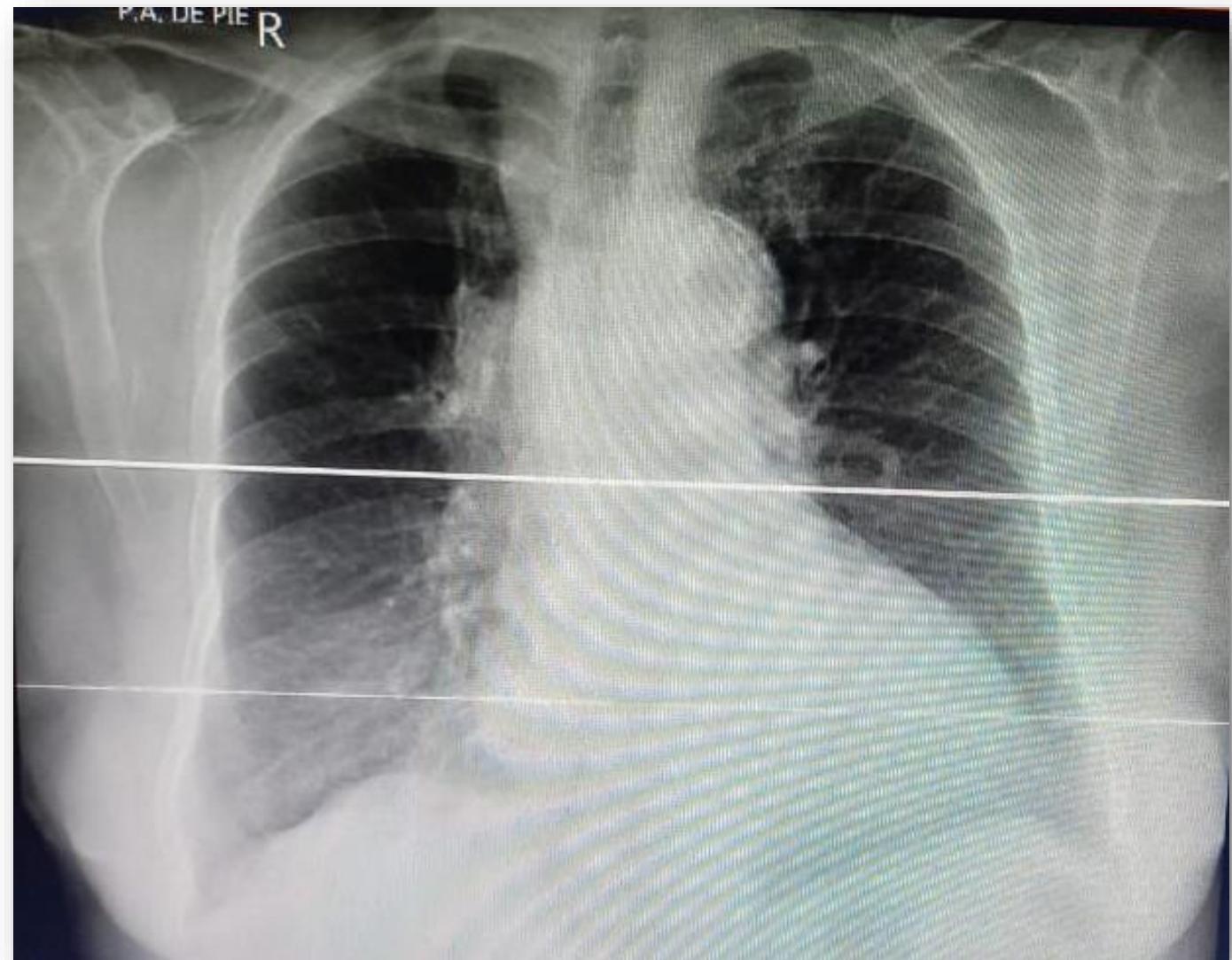
PARÉMETRO	VALOR	RANGO DE REFERENCIA
LEUCOCITOS	$23.17 \times 10^3 \text{ mm}^3$	$4-10 \times 10^3 \text{ mm}^3$
NEUTRÓFILOS	$20.84 \times 10^3 \text{ mm}^3$	$2,0-7.50 \times 10^3 \text{ mm}^3$
EOSINÓFILOS	$0.0 \times 10^3 \text{ mm}^3$	$0.0-0.50 \times 10^3 \text{ mm}^3$
LINFOCITOS	$1.45 \times 10^3 \text{ mm}^3$	$1.0-4.0 \times 10^3 \text{ mm}^3$
HEMOGLOBINA	10.4 g/dL	12-16.0 g/dL
HEMATOCRITO	32.60 %	37.0-47.0 %
VCM	$85.70 \mu\text{m}^3$	$80-100 \mu\text{m}^3$
HCM	27.80 pg	27.0-32.0 pg
PLAQUETAS	370 000	150-500
TP	14.1	13.0 Seg
TTP	29.1	30 Seg

# LABORATORIOS

PARÁMETRO	VALOR	RANGO DE REFERENCIA
GLUCOSA	134 mg/dL	74-126 mg/dL
CREENININA	0.94 mg/dL	0.55-1.02 mg/dL
NITROGENO DE UREA	24 mg/dL	8-20 mg/dL
SODIO	141 mEq/L	136-145 mEq/L
POTASIO	3.88 mEq/L	3.5-5.10
CALCIO	9.50 mg/dL	8.6-10.3 mg/dL
MAGNESIO	2.06 mg/dL	2.06 mg/dL
CLORURO	102 mEq/L	98-107 mg/dL
VIH	NEGATIVO	NEGATIVO
VDRL	NO REACTOR	NO REACTOR
BNP	57 pg/mL	0-100 pg/mL

# RX DE TÓRAX

- PA
- 8 Arcos costales
- M: 8cm
- ICT: 0.53



# EVOLUCIÓN

Ha consultado múltiples veces por dichos síntomas, recibiendo tratamiento para falla cardíaca y EPOC, sin mejoría clínica.

Enfermedad pulmonar obstructiva crónica por historia.

Falla cardíaca por historia.

Anemia normocítica normocrómica.

# EVOLUCIÓN

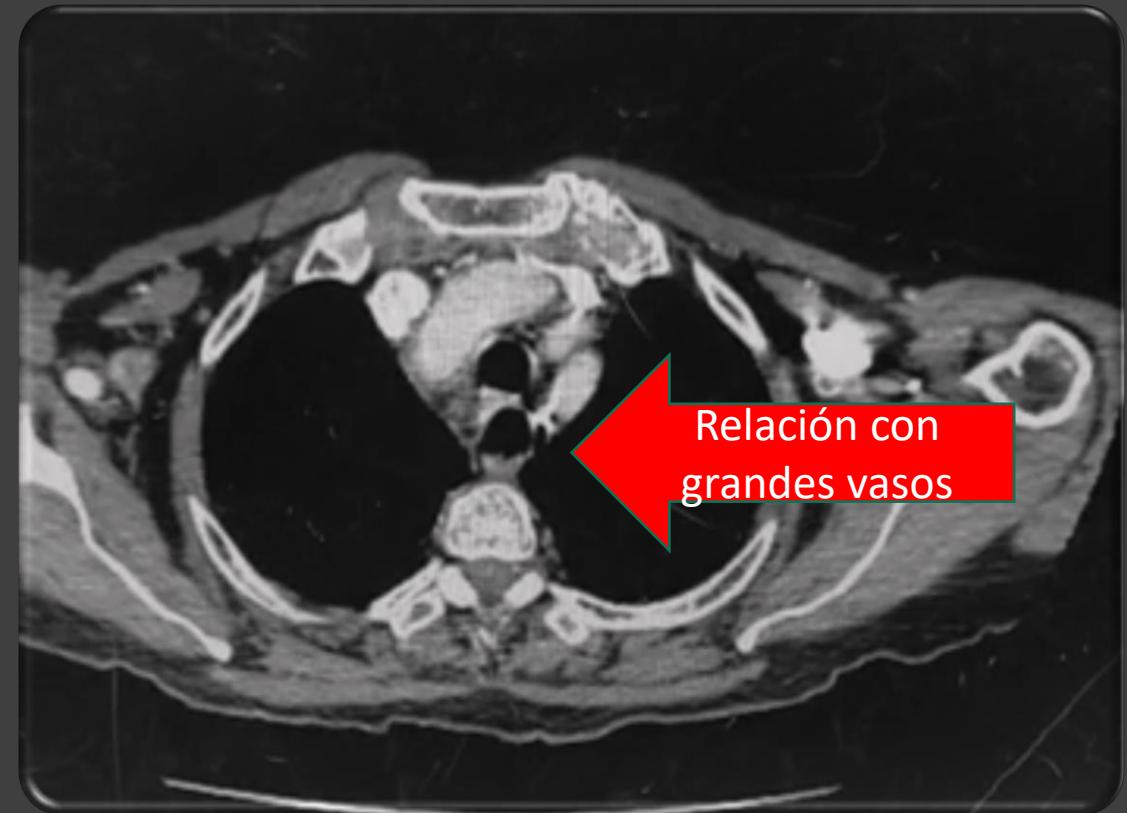
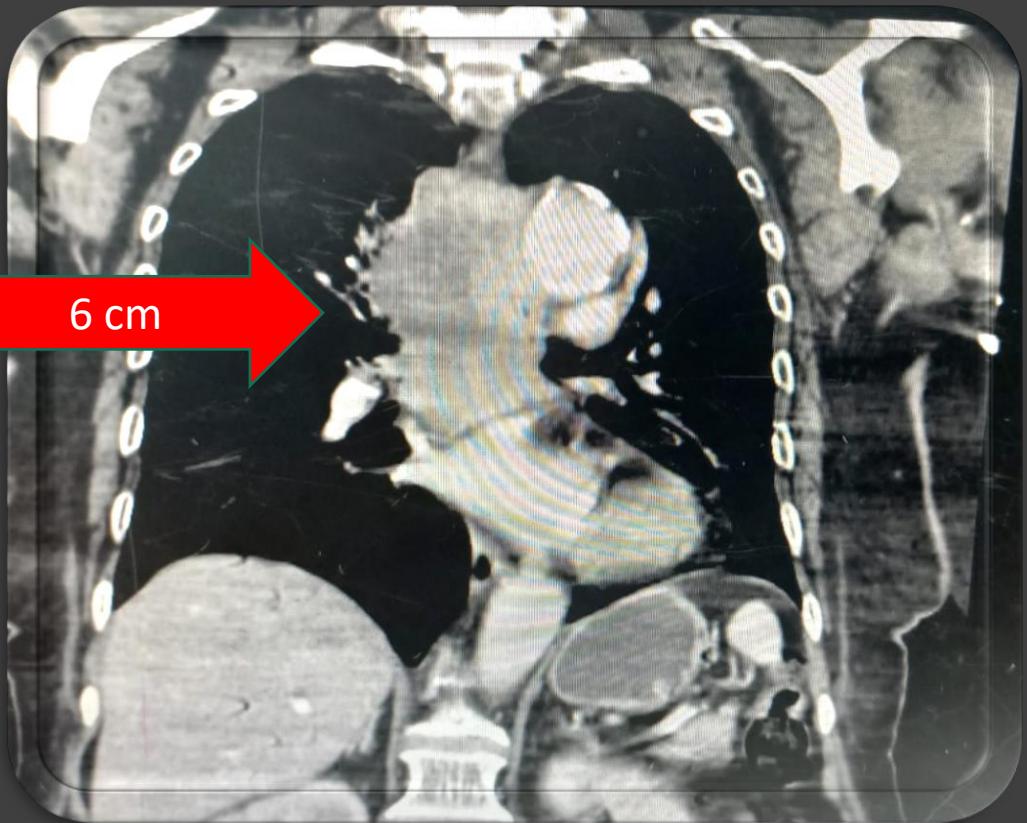
Paciente con discreta mejoría tras el inicio de levofloxacina, broncodilatadores.

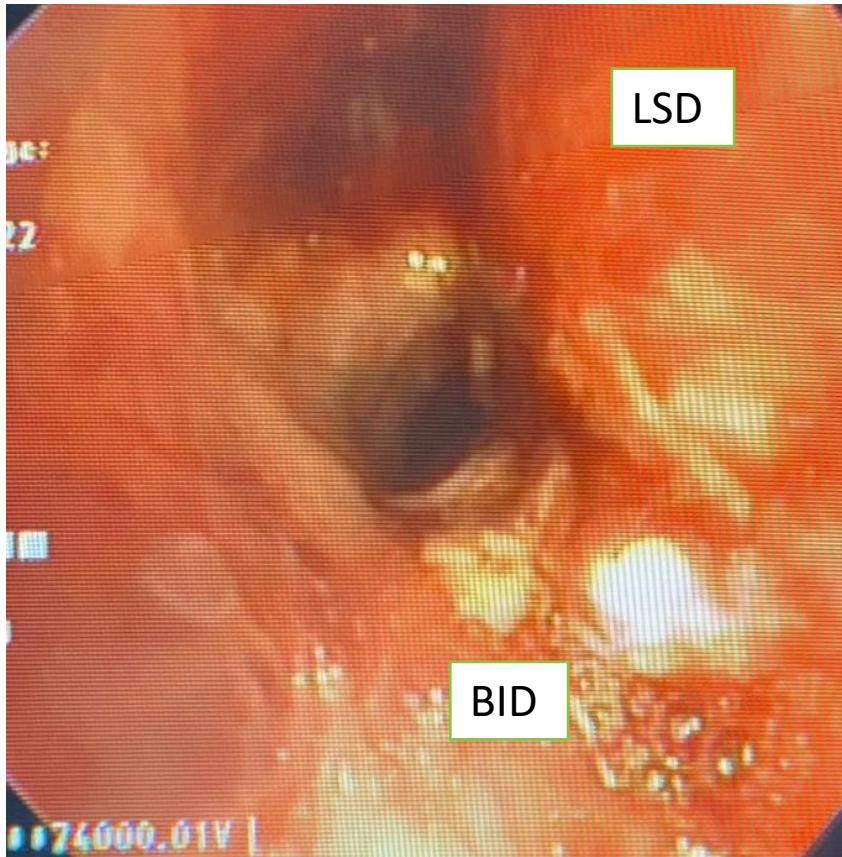
Presenta un episodio de hemoptisis, 70 cc.

Se realizan estudios complementarios.

CT Toráx.

# TOMOGRAFÍA TORÁX





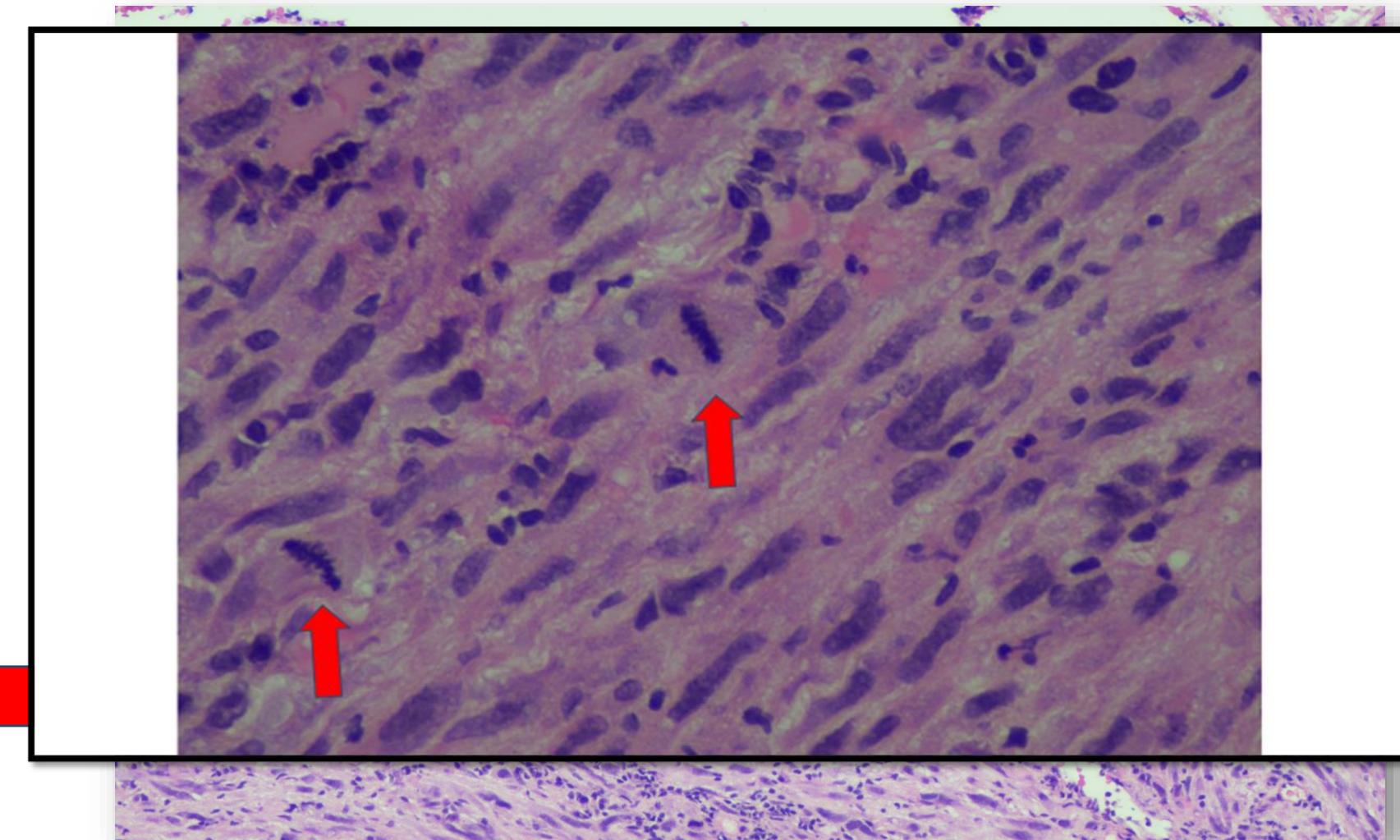
# BRONCOSCOPIA

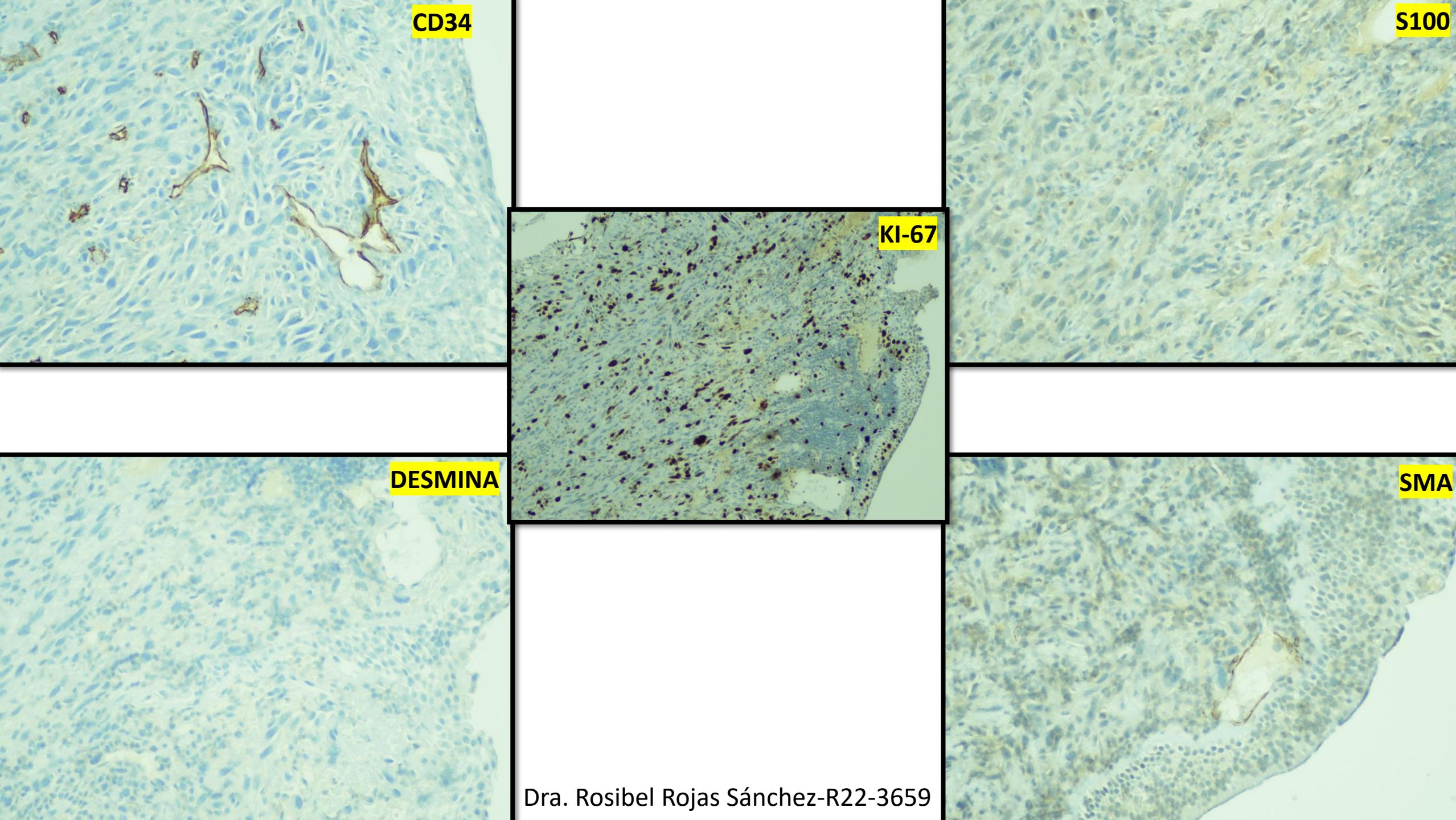
DR. HUMBERTO SERRUD-NEUMOLÓGO

# PRUEBAS ESPECIALES



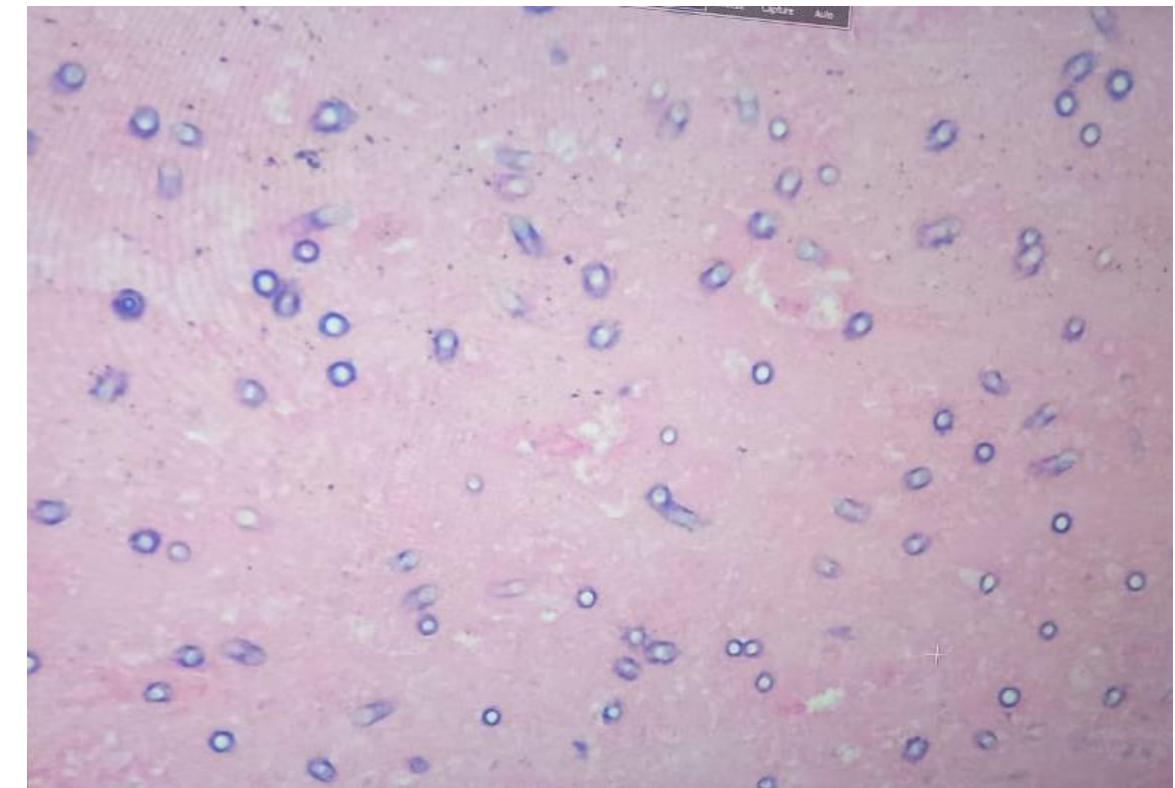
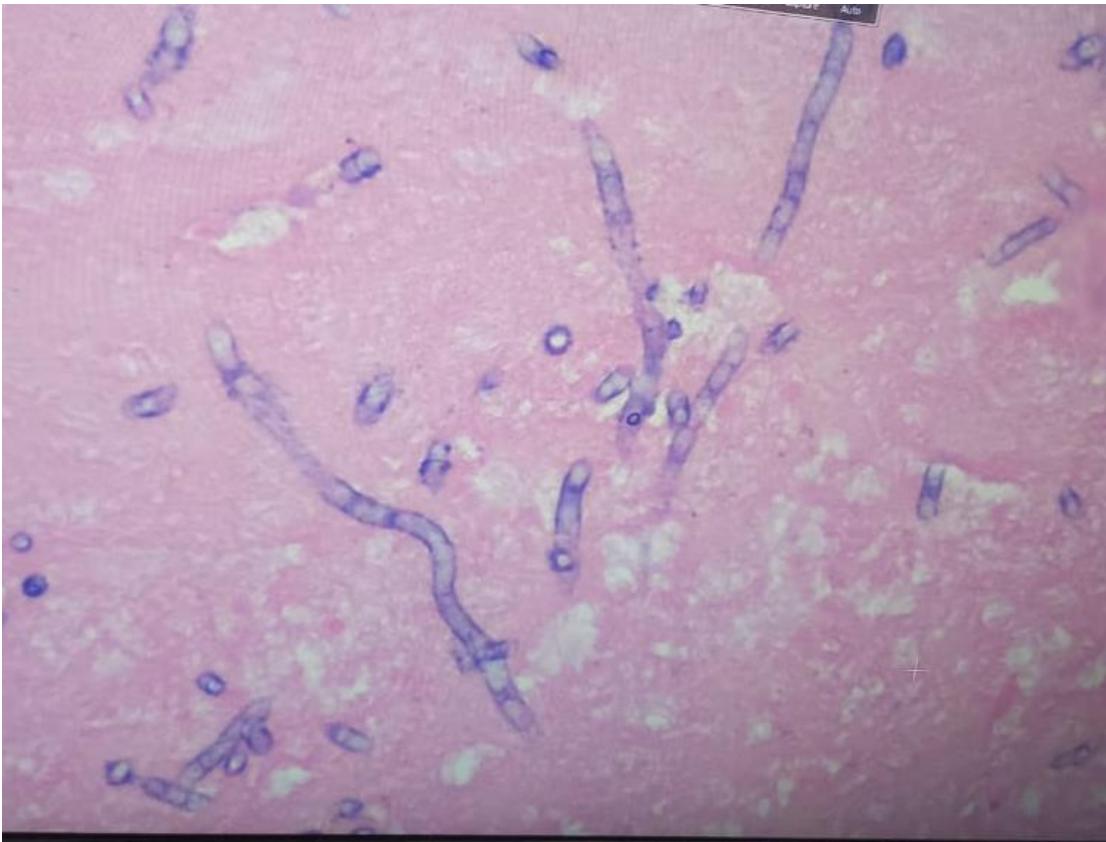
# CRIOBIOPSIA





Dra. Rosibel Rojas Sánchez-R22-3659

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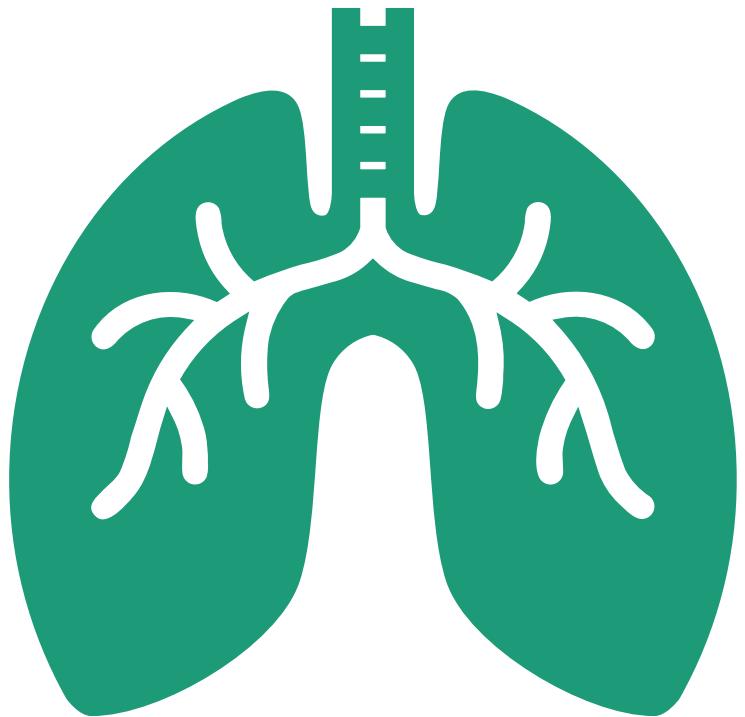
# DIAGNÓSTICO

- SARCOMA ALTO GRADO
- ASPERGILOSIS PULMONAR

Dra. Rosibel Rojas Sánchez-R22-3659

# TRATAMIENTO

- TRATADA CON VORICONAZOL
- REFERENCIA A ION

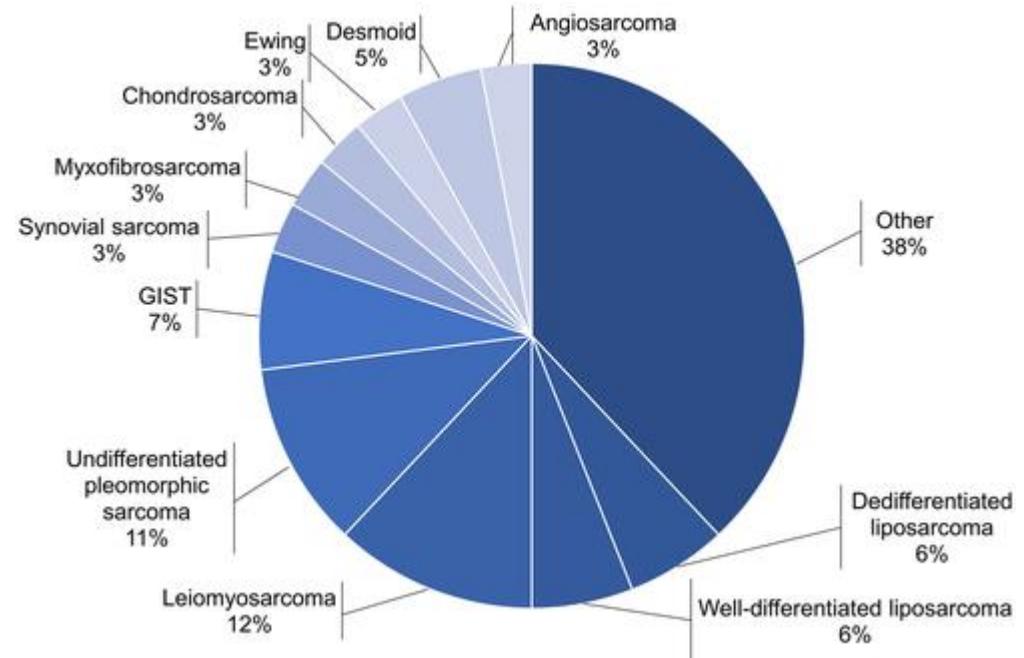


## SARCOMA DE PULMÓN

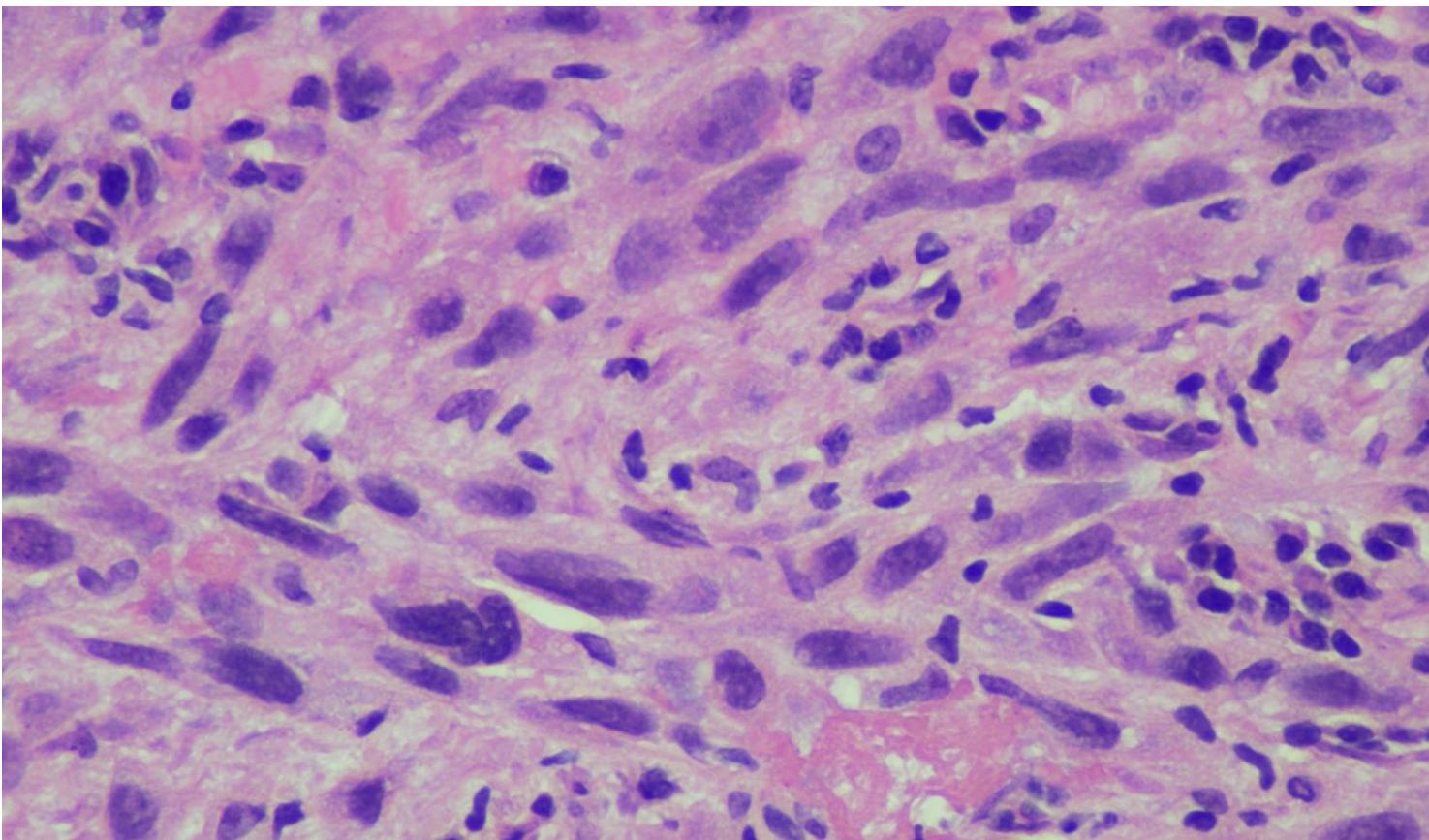
# SARCOMAS

Tumores raros y heterogéneos que representan el 1 % de todas las neoplasias malignas en adultos.

100 subtipos histológicos y moleculares diferentes, comportamiento clínico variable.



Gamboa, A. C., (2020). Soft-tissue sarcoma in adults: An update on the current state of histotype-specific management in an era of personalized medicine. CA: a cancer journal for clinicians, 70(3), 200–229.



## Sarcoma pulmonar primario

- Constituye menos del 0,5% de las neoformaciones pulmonares malignas.
- Tumores mesenquimatosos que tienen su origen en los componentes de estroma de la pared bronquial o en el intersticio del parénquima pulmonar.

Type of Sarcoma	Demographic Features	Clinical Features	Radiologic Features
Angiosarcoma	Middle-aged adults	Associated with radiation therapy and occupational chemical exposure Lung tumors: hemoptysis Mediastinal tumors: vascular compression Heart tumors: arrhythmia, right-sided heart failure	Lung tumors: multiple bilateral nodules Mediastinal tumors: anterior mediastinal mass surrounding vessels Heart tumors: right atrial mass or diffuse wall thickening
Leiomyosarcoma	Lung and mediastinal tumors: sixth decade and later, male predominance Pulmonary artery tumors: mean age 50 y, equal sex distribution	Lung tumors: asymptomatic, occasional hemoptysis Mediastinal tumors: local mass effect Heart tumors: pulmonary congestion Pulmonary artery tumors: chest pain, dyspnea, right-sided heart failure	Lung tumors: small nodule or large necrotic mass Mediastinal tumors: large necrotic mass Heart tumors: left atrial mass Pulmonary artery tumors: mass filling pulmonary artery; gadolinium enhancement at MR imaging allows distinction from a thrombus
Rhabdomyosarcoma	Heart and mediastinal tumors: children Tumors in other sites: bimodal occurrence (children, fifth to seventh decades), male predominance	Heart tumors: arrhythmia, right- or left-sided heart failure Mediastinal and chest wall tumors: mass effect, pain Lung tumors: cough, dyspnea, pneumothorax	Heart tumors: low-attenuation mass, valvar origin Chest wall tumors: muscle origin, rib involvement uncommon Lung tumors: large mass with cysts and necrosis
Sarcomatoid mesothelioma	Seventh decade, strong male predominance (>85%)	Chest pain, dyspnea, cough, fatigue; occasional hormone production; strong association with asbestos exposure	Diffuse pleural nodularity and thickening most common; sarcomatoid variant more likely than other variants to manifest as a focal mass

Gamboa, A. C., (2020). Soft-tissue sarcoma in adults: An update on the current state of histotype-specific management in an era of personalized medicine. CA: a cancer journal for clinicians, 70(3), 200–229.

# TRATAMIENTO

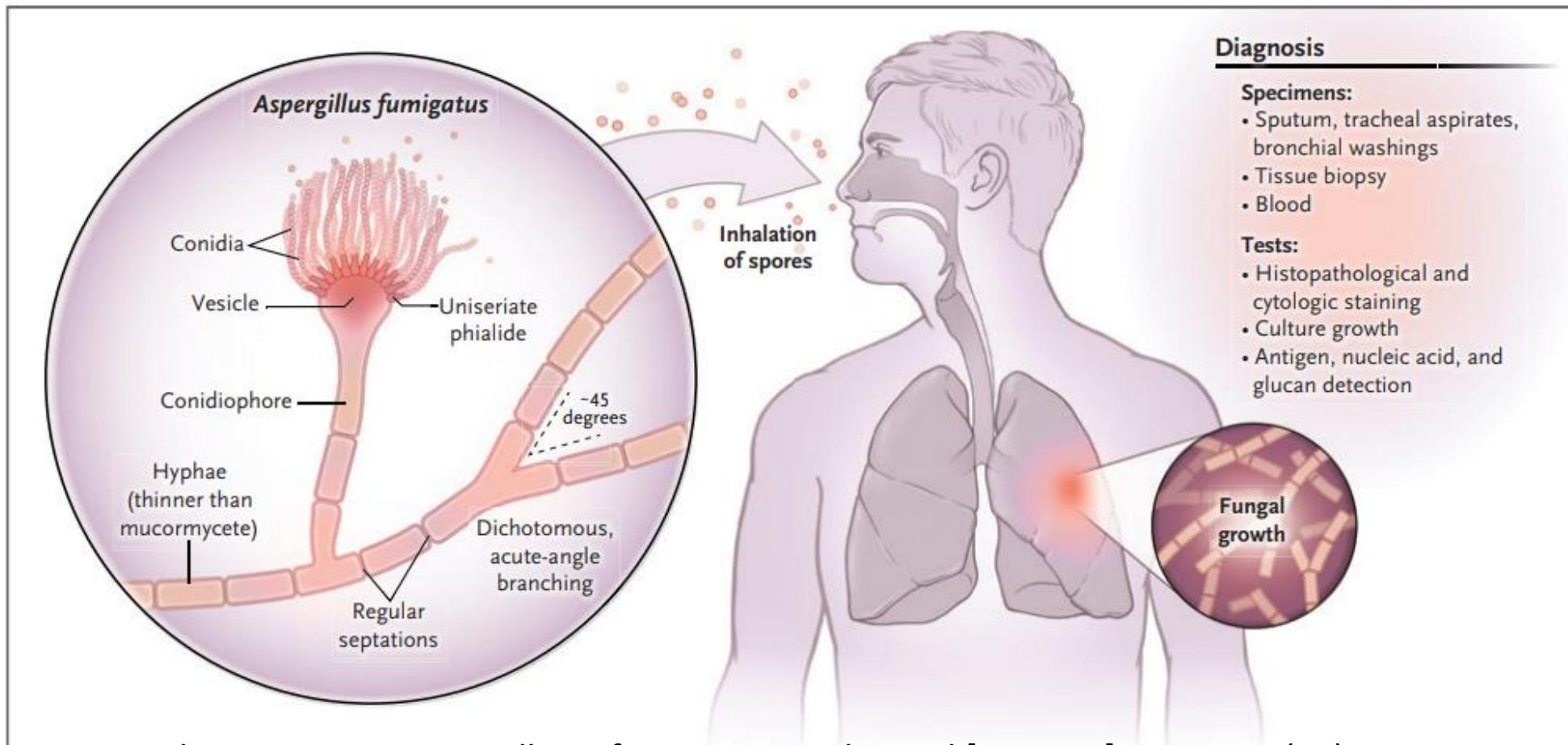
Combinación de cirugía y poliquimioterapia.

Se pretende la resección pulmonar, ante la posibilidad de futuras recidivas.

Cifras de supervivencia del 40-57% a los 5 años y del 30% a los 10.

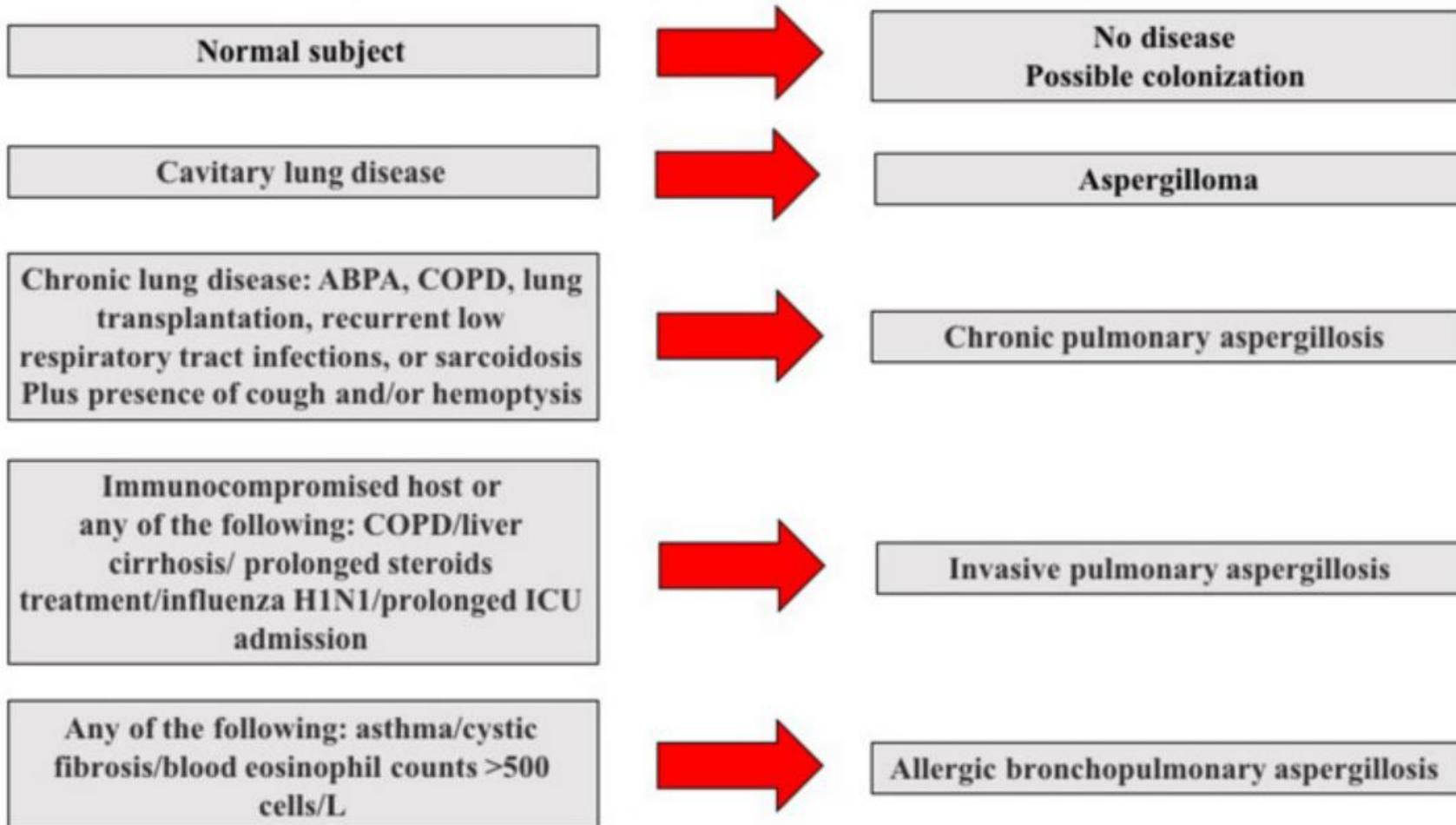
Factores de buen pronóstico el tamaño inferior a 5cm, una histología de predominio epitelial y la localización periférica

# ASPERGILOSIS PULMONAR



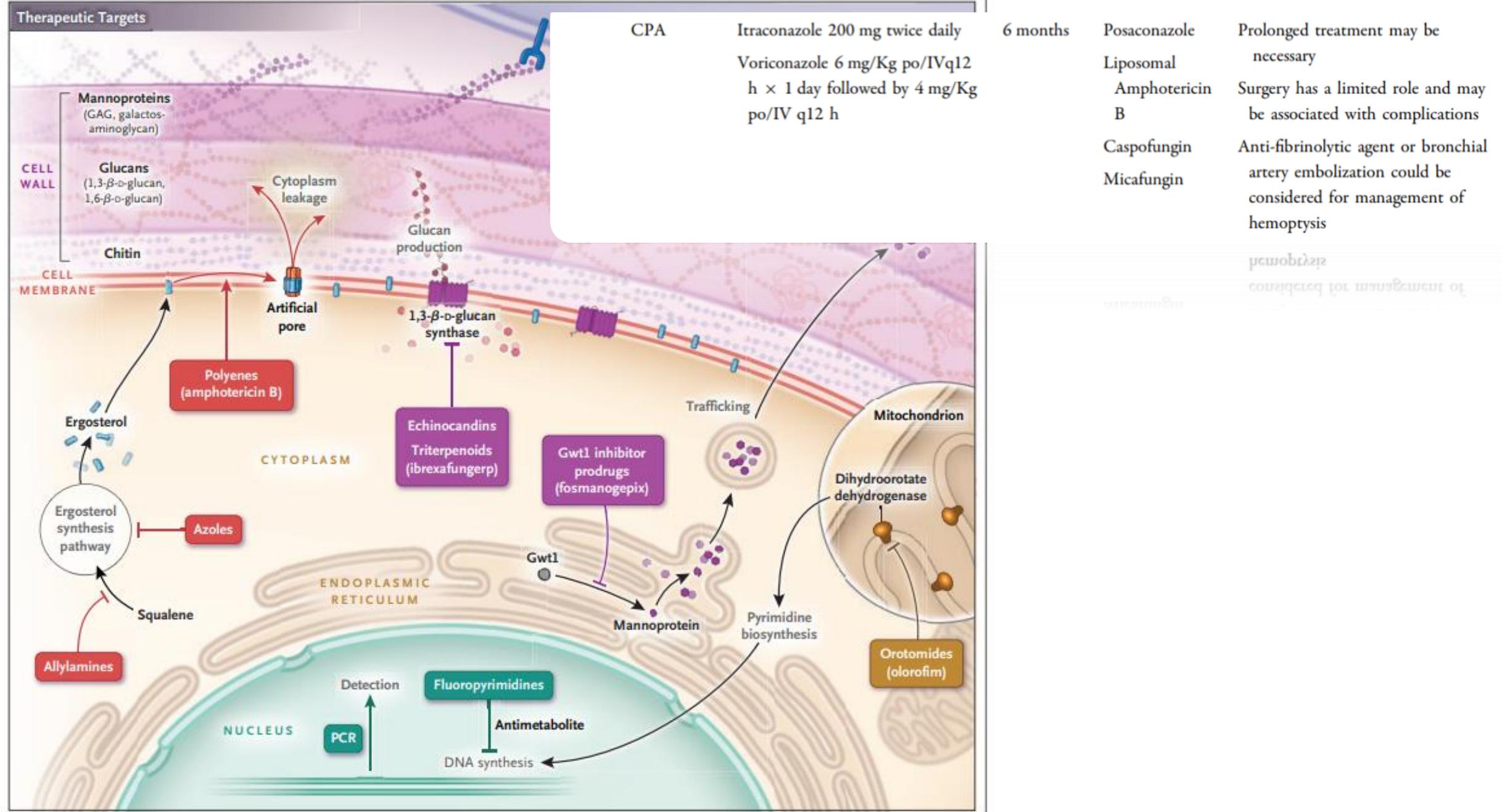
Thompson GR 3rd, Young J-AH. Aspergillus infections. N Engl J Med [Internet]. 2021;385(16):1496–509. Available from: <http://dx.doi.org/10.1056/NEJMra2027424>

## Spectrum of *Aspergillus*' disease



Russo A, Tiseo G, Falcone M, Menichetti F. Pulmonary aspergillosis: An evolving challenge for diagnosis and treatment. Infect Dis Ther 2020 [cited 2022 Sep 2];9(3):511–24. Available from: <https://pubmed.ncbi.nlm.nih.gov/32638227/>

## Therapeutic Targets



2. Thompson GR 3rd, Young J-AH. Aspergillus infections. *N Engl J Med* [Internet]. 2021;385(16):1496–509. Available from: <http://dx.doi.org/10.1056/NEJMra2027424>

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- Thai, A. A., Solomon, B. J., Sequist, L. V., Gainor, J. F., & Heist, R. S. (2021). Lung cancer. *Lancet* (London, England), 398(10299), 535–554.
- Hammar, Samuel P. (2011). Diagnostic Immunohistochemistry. *Immunohistology of Lung and Pleural Neoplasms*, 369–463.
- Domínguez-Pérez AD, Ruiz-Guerrero CI, Alcázar Iribarren-Marín M. Primary lung sarcoma. *Arch Bronconeumol* [Internet]. 2010 [citado el 16 de agosto de 2022];46(2):105–6.}
- Russo A, Tiseo G, Falcone M, Menichetti F. Pulmonary aspergillosis: An evolving challenge for diagnosis and treatment. *Infect Dis Ther* 2020 [cited 2022 Sep 2];9(3):511–24. Available from: <https://pubmed.ncbi.nlm.nih.gov/32638227/>

# GRACIAS

